

PART B—ISSUE FEE TRANSMITTAL

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1. CORRESPONDENCE ADDRESS	C2M1/0013
MICHAEL P MAZZA NIRO SCAVONE HALLER AND NIRO SUITE 4600 181 W MADISON CHICAGO IL 60602	

2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)	
INVENTOR'S NAME	
Street Address	
City, State and Zip Code	RECEIVED
CO-INVENTOR'S NAME	
Street Address	
City, State and Zip Code	AUG 27 1997
<input type="checkbox"/> Check if additional changes are enclosed	

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/482,862	06/07/95	026	JOHNSON, L	3201 08/13/97
First Named Applicant		VINCENT A.		

TITLE OF INVENTION: METHOD AND APPARATUS FOR FORMING AND HERMETICALLY SEALING SLICES OF FOOD ITEMS

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	2108CONCIPCO	053-451.000	035	UTILITY	NO	\$1290.00 11/13/97

3. Correspondence address change (Complete only if there is a change)

10/01/1997 LBERGER 00000171 08482862
 01 FC:142 1290.00 OP
 02 FC:561 30.00 OP

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

Niro, Scavone, Haller &
 1 Niro
 2 Chicago, Illinois
 3

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE	Schreiber Fodds, Inc.
(2) ADDRESS: (CITY & STATE OR COUNTRY)	Green Bay Wisconsin

A ☐ This application is NOT assigned.

☒ Assignment previously submitted to the Patent and Trademark Office.

☐ Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS.

PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

6a. The following fees are enclosed:	
<input checked="" type="checkbox"/> Issue Fee	<input checked="" type="checkbox"/> Advance Order - # of Copies 10
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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature) Michael P. Mazza (Date) 8/25/97

NOTE: The Issue Fee will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee of other party in interest as shown by the records of the Patent and Trademark Office.

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I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Box ISSUE FEE
 Assistant Commissioner for Patents
 Washington, D.C. 20231

on: August 25, 1997 (Date)
 Hannah Martin (Name of person making deposit)
 [Signature] (Signature)
 8-25-97 (Date)